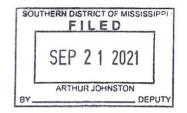
# United States District Court

for the

District of

)



Division

Shameka, patter miller

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

(to be filled in by the Clerk's Office

(-----

# COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

# I. The Parties to This Complaint

### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Page of 10

Name	TATES: gator Scott P. CACock
All other names by which	,
you have been known:	
ID Number	
Current Institution	
Address	P.O.50X 75528
	TX0 m( 39282
	City State Zip Code
The Defendant(s)	
individual, a government agency, a listed below are identical to those of the person's job or title (if known) and	each defendant named in the complaint, whether the defendant is an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, included check whether you are bringing this complaint against them in acity, or both. Attach additional pages if needed.
Defendant No. 1	
Name	Jackson Fire department
Job or Title (if known)	Duo Soi / Tite O Stati / file/14
Shield Number	
Employer	
Address	
Address	555 S. West 18. 54
	Jackson his 1920
	City State Zip Code  Individual capacity Official capacity
Defendant No. 2	
Name	Willie 6 owens
Job or Title (if known)	Chile
Shield Number	<u> </u>
Employer	Jack Son Live aspt
Address	0441.003 11.2 0001
Addiess	355 5 West Strest
	Jackson ms Stad
	City State Zip Code  Andividual capacity Official capacity
	Mudividiai capacity / Muiciai capacity /
	(Ameni capani)
Defendant No. 3	(Ameni cipilo)
Defendant No. 3 Name	Scott Processe
Name	Scott Pracocle
Name Job or Title (if known)	Scott Pracocle Investion
Name Job or Title (if known) Shield Number	Scott Pracocle Investion
Name Job or Title <i>(if known)</i> Shield Number Employer	Scott Pracocle Investation Jackson fire Dept
Name Job or Title (if known) Shield Number	Scott Peacocle Investation  Tackson fire Dept  555 South west sy
Name Job or Title <i>(if known)</i> Shield Number Employer	Scott Peacocle Investation  Tackson fire Dept  555 South west st  Jackson ms 39201
Name Job or Title <i>(if known)</i> Shield Number Employer	Scott Peacocle Investation  Tackson fire Dept  555 South west sy

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Case 3:21-cv-00608-TSL-FKB Document 1 Filed 09/21/21 Page 2 of 13 Shamelan Miller

B.

Name
Job or Title (if known)
Shield Number
Employer
Address

Chokwe Antar Lumumba.

MAYOR

City of Jackson

City State
Official capacity

Zip Code

# II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

dui, Process Right from False ImmPrisoment, Defamation of Hartin, Et

- C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?
- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia."
   42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

### III. Prisoner Status

01

EED SCOTT PERSONELI-MAPRICE ASUMEDANDARIUMERKU/ PREMODIZALIZITORINA OF ARCO ON S'ALGUT July-6-2021 MAX hollin And Kingdom Mangement Went Inside my home and Removed All My personal Contents From My home without Any Enviction Are court order Allowing Them To do Such I was Housed At Hinds county Sail on July-4-2021 Thru Aug-4-2021 I WAS ASSUlted By A Prisoner And I Requested to be moved from Around The person whom Assaulted And The CLASSfation officer mr Dotson threw me own the ground force me To Remain In Such Housein, The living conditions I was forced to Live Without Air for Juday's And others Housel's C-2 Housein Unit We WAS Denied The Right To CIEAN OUR CEILS FOR BOLAY'S 60 The date I MAS ASSAULTED THERE WAS no officer who WAS on The unit my cantern was Stolen they failed Hinds county Jail Person, To Replace Interns that was stolen futher I made A complaint with The city of Jackson mayor office Also with The Jackson Tiro Department AS They Have fail to protect me from The Right of Sexul harrasment with The facts listel Ason I'm Supin The mayor chapme humanda Mecause He Is the overse of The city of Jackson And IS The Poily maker Reason I'm dues Jackson Fils Derertment BECAUSE THEY ARE THE Employer For 1.5+22 Defondatif scott peacock, Inveneely MAY Bolloins Is Deing Suel Decause He Is The Proprety manfair of my home 3527 Risgarest Dr. For Ki Hom mangament Is The own And The Allower such wrongful unhauted Act kinden mangning Is Also The ower of The proprety That I Rental from 3507 Ridgeress on Jackson ms 392/2 chite owers In Berny Such Because He IS

## Case 3:21-cv-00608-TSL-FKB Document 1 Filed 09/21/21 Page 5 of 13 name\_\_\_\_ City of Jackson 219 5 President St Jackson ms 39201 Ind cap's Offical Cap Defendant # 6 UNKWOO neely Chife Investation City of Sackson 219 S president St Jackson ms 39201 Ind cap's offical cap Netendanty Max's Rollin's Propriety Management 112 Ceder Lo Jackson m. 5 39212 End Caps Offical Cap Defendant 8 15: 19 dom management broup LLC Distall Company 2010 High Points Dr APT257 Brandon ms 39042 2nd cap is officed Lap perendent 9 RUDE CO Roberts 2010 Hight Pointe Dr. API 257 Brandon ms 39042 Int cap & Offical cap

D2f-2nlat Gase 3:21-cv-00608-TSL-FKB Document 1 Filed 09/21/21 Page 6 of 13 none Hinds County Dail 1450 County Form Rd Raymond ms 39154 In capsoffical cap Descendant #11

name \_ unkwon Dotson

THE - CIASSFastion Officer

1450 count/form Rd Raymond m S 39154

In cap & officed cap

		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
IV.	Statem	ent of Claim
	alleged further any cas	briefly as possible the facts of your case. Describe how each defendant was personally involved in the wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite es or statutes. If more than one claim is asserted, number each claim and write a short and plain nt of each claim in a separate paragraph. Attach additional pages if needed.
on July 1	A. Lidoll	If the events giving rise to your claim arose outside an institution, describe where and when they arose.  The city of Jackson fire Investation Charges me with Arson:
Peroon,	-0052;	The city of Jackson Fire Investation charges me with Arson:
	B.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
		Hinds worty Jail Raymond ms
	C.	What date and approximate time did the events giving rise to your claim(s) occur?
		12 PProx July-4-2021 - Aug-4-2021
	D.	What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)
		All derondants 1:5126
V.	Injurie	s

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

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### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Puntius damages, montory damages \$150000 Enointed distress, security depoist Amount \$400.00 Compensatory damages

### VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?



No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Hinds County Jail

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

C.

D.

E.

none

	No
	Do not know
Doe	es the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose er some or all of your claims?
	Yes
	No
(	Do not know
If ye	es, which claim(s)?
Did cond	you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose cerning the facts relating to this complaint?
	-Yes
	No
	o, did you file a grievance about the events described in this complaint at any other jail, prison, or or correctional facility?
	Yes
	No
If yo	ou did file a grievance:
1.	Where did you file the grievance?
	on The Kiosk
2.	What did you claim in your grievance?  AGS 2
3.	What was the result, if any?

4.	What steps, if any, did you take to appeal that decision? Is the grievance process completed? If
	not, explain why not. (Describe all efforts to appeal to the highest level of the grievance



F. If you did not file a grievance:

process.)

1. If there are any reasons why you did not file a grievance, state them here:



2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:



G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.



(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

144	J	
If yes,	state v	which court dismissed your case, when this occurred, and attach a copy of the order if possible.
	nS(	S.S.
Α.	Have actio	e you filed other lawsuits in state or federal court dealing with the same facts involved in this on?
		Yes No
В.		our answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1.	Parties to the previous lawsuit  Plaintiff(s)  Coll March
Defendant(s)		Plaintiff(s) Con't Recol Mares  Tor24 Smith us KrStAl
	2.	Court (if federal court, name the district; if state court, name the county and State)
	3.	Docket or index number
	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending?
		Yes
	,	<u> </u>
		If no, give the approximate date of disposition.
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

C.	Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?	
	Yes No	
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)	;
	1. Parties to the previous lawsuit Plaintiff(s)	
Defendant(s)		
	2. Court (if federal court, name the district; if state court, name the county and State)	
	3. Docket or index number	
	4. Name of Judge assigned to your case	
	5. Approximate date of filing lawsuit	
	6. Is the case still pending?	
	Yes  No  If no, give the approximate date of disposition  7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)	— ?d

# IX. Certification and Closing

B.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

# A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where caserelated papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

0 0 <u>0174</u>	<del>301000</del>		
Signature of Plaintiff	Shameka miller		
Printed Name of Plaintiff			
Prison Identification #			<del> </del>
Prison Address	Poisox 75528		
	$-\overline{\partial}x\partial$	ms	37282
	City	State	Zip Code

# City State Zip Code For Attorneys Date of signing: Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm Address City State Zip Code Telephone Number E-mail Address